



# THE NKWANTA HEALTH DEVELOPMENT CENTRE

## A NEW INITIATIVE IN PUTTING SUCCESS TO WORK

**Introduction.** Nkwanta is the Volta region's largest and most deprived district. In the absence of adequate medical coverage, effective means of transportation, and basic services such as access to clean water—the residents of Nkwanta suffer a high rate of communicable and childhood diseases. In an effort to remedy these circumstances, the Community-based Health Planning and Services Initiative (CHPS) as developed in the Kassena-Nankana District was adapted and implemented in Nkwanta. The result—CHPS in Nkwanta—has resulted in a dramatic increase in the availability and quality of services and improvements in several important health indicators.



**Community health committee meeting**

**Setting.** Nkwanta District's rural communities extend over 5,500 square kilometers. The district is largely underdeveloped—the laterite truck route is impassable at the height of the rainy season, and most villages lack any form of modern communication, including television and radio transmission. Infrastructure, especially for primary educational facilities, is poor. The more than 152,000 residents of the District are served by a single physician and fewer than a dozen nurses, and, as of 1996, there were only 4 health delivery points in 3 sub-districts; the remaining two sub-districts had neither private nor public facilities. In addition to a high prevalence of measles, malaria, and other communicable diseases, morbidity and

mortality rates, especially maternal and infant indicators are high. The District Health Management Team (DHMT) is therefore faced with a multi-faceted challenge and must seek innovative and sustainable solutions if it is to achieve its goal of improved delivery of health services.

**What is CHPS?** CHPS is a programme designed to improve preventive health care and education through efficient community mobilization and communication techniques, as well as by dispersing health staff in the communities, rather than concentrating them in centralized service delivery points. This initiative has its roots in an operations research project sponsored by the Ministry of Health at Navrongo, which began four years ago. This project, assisted by the Population Council, and funded by the United States Agency for International Development and the Rockefeller Foundation, was implemented at the Navrongo Health Research Centre and has achieved full community participation in its primary health care activities. CHPS is not about 'business as usual'; ...instead, it is a new way of delivering health care.



**Addressing community durbar at Nyambong zone**

Employing local resources, energy, and determination, the Nkwanta DHMT utilized this community-based concept of health service delivery within the constraints of the local rural context. CHPS, in this incarnation, embodies an attempt to reach the

‘unreached’, to make health care accessible to every member of every community. The package of doorstep care is designed to be as broad as possible.

The Community Health Officer (CHO) operates from a Community Health Compound (CHC) provided by the community, and is equipped with simple health care supplies and a motorbike. She offers immunization services, treatment on minor ailments and diseases and refers complicated cases beyond her scope to static health facilities. She performs house-to-house visits and follow-up, and provides health education on nutrition, environmental hygiene, and sanitation. She is expected to supervise Traditional Birth Attendants (TBA) and assist in uncomplicated deliveries.



**The role of the community health committee is crucial**

**Impact.** The Nkwanta CHPS initiative has achieved better immunization coverage and child health, has encouraged changes in reproductive behaviour (e.g. family planning use), and has elicited a considerable increase in service utilization at the community level by providing services that are simultaneously more accessible and less costly. Immunization coverage has increased sharply since 1998 against the six childhood killer diseases: yellow fever, measles, tetanus, diphtheria, poliomyelitis and whooping cough. CHPS has been effective in increasing surveillance on diseases, reducing costs of travel for medical care, and generally increased access to health care.

By creating a centre emphasizing service delivery, training, and dissemination, Nkwanta has validated the lessons of Navrongo, and has proven that despite challenges, health care delivery in rural Ghana can be reformed. DHMT from around the country have expressed interest in replicating the CHPS strategy in their own districts, and have visited Nkwanta to study the components of its success.

#### **CHPS in the view of an Assemblyman**

The new nurse has made things change...it has reduced the cost of traveling to Nkwanta for health services. It has brought health care to our doorsteps. Mothers are more ready to allow their children to be immunized. We the communities constituting this CHPS zone are always meeting to discuss our health issues and finding common solutions to problems. This programme has really brought us together as a people.

*Mr. Joseph Challa  
Keri Assembly member*

**Conclusion.** In demonstrating that the Navrongo CHPS initiative can be implemented without necessarily the support of external resources, Nkwanta has become a national model. Its community-based programme attests to the sustainability and relevance of CHPS to health development in Ghana.

‘Putting *Success* to Work’ will continue to evaluate sources and components of this success, assess the development of the programme, and suggest ways in which this initiative can proceed forward both in Nkwanta, and elsewhere in Ghana.

**Comments? Opinions? Suggestions? Please share your local experiences by writing to:**

**Putting Success to Work**

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